

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM STATE OF HAWAII
ETHICS COMMISSION
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
GOO	WILLIAM	L.	(808) 521-2661
MAILING ADDRESS (Street)			FAX (808) 521-2663
1188 Bishop Street, Suite 1805			EMAIL
			wgoo@lava.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Suzuki & Goo, Attorneys			(808) 521-2661
MAILING ADDRESS (Street)			FAX (808) 521-2663
1188 Bishop Street, Suite 1805			EMAIL
			sgattys@lava.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pharmaceutical Research and Manufacturers of America			(202) 835-3400
MAILING ADDRESS (Street)			FAX (202) 835-3414
950 F Street, NW, Suite 300			EMAIL
(City)	(State)	(Zip Code)	
Washington, DC		20004	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kim Martin			(360) 705-1276
MAILING ADDRESS (Street)			FAX
3140 Maringo Road SE			EMAIL
			KMartin@phrma.org
(City)	(State)	(Zip Code)	
Olympia	WA	98501	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (Indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	<u>Pharmaceutical</u> <u>drugs and related</u> <u>matters</u>

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

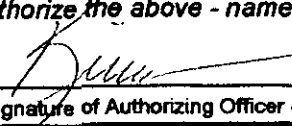


(Signature of Lobbyist)

1-22-13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kim Martin		Senior Regional Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Pharmaceutical Research and Manufacturers of America		(360) 705-1276	
MAILING ADDRESS (Street)		FAX	
3140 Maringo Road		EMAIL	
(City)		KMartin@phrma.org	
(State)		(Zip Code)	
Olympia		WA 98501	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1-16-2013	
(Signature of Authorizing Officer or Person Represented)		(Date)	